

2243

WRITE IN INK, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS.	Ter. Index No. <u>93</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH.	Co. Registrar No. <u>224</u>
Town of			Local Registrar's No.
City of	(No.)	St;	Ward)
FULL NAME OF CHILD <u>Juan Gomez</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } YES	
Sex of Child <u>Male</u>	Twin, Triplet or other plural <u>X</u>	Number; in order of birth <u>X</u>	Legitimate? <u>yes</u>
Date of Birth <u>Oct 9</u>	(Month) (Day) (Yr.)		
FATHER		MOTHER	
Full Name <u>Jose Gomez</u>	Full Maiden Name <u>Joaguina De Gomez</u>		
Residence <u>Miami A.T.</u>	Residence <u>Miami A.T.</u>		
Color or Race <u>W</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>W</u>	Age at last Birthday <u>24</u> (Years)
Birthplace <u>Mexico</u>	Birthplace <u>Mexico</u>		
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>4</u>	Number of children, of this mother, now living <u>2</u>	Were Precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 9 1911, at 30

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) [Signature]
(Attending physician, midwife, householder.)

Given or christian name added from a

Address Miami A.T.

supplemental report 191..... Filed Nov 10 191.....

179-1009-179 Filed Dec 5 191.....

COUNTY REGISTRAR.

LOCAL REGISTRAR.
[Signature]
COUNTY REGISTRAR.